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Impact of attachment style on the 1-year outcome of persons with an at-risk mental state for psychosis

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ABSTRACT

Attachment theory provides key elements for understanding the psychosocial vulnerability for and response to the emergence of psychosis. This study examined (1) whether pre-treatment attachment styles are differentially associated with clinical and functional outcome in at-risk mental state (ARMS) for psychosis patients across one year of psychosocial treatment, and (2) whether clinical change is associated with changes in attachment ratings beyond the effect of baseline symptom severity. Thirty-eight ARMS patients (mean age = 16.7, S.D. = 5.9) identified from a psychosocial needs-adapted treatment were evaluated with the Positive and Negative Syndrome Scale, the Global Assessment of Functioning, and the Relationships Questionnaire. Lower levels of insecure-avoidant attachment predicted better clinical outcomes, whereas higher levels of secure attachment predicted improvement in functioning. A decrease in preoccupied-anxious attachment was associated with symptom amelioration. The findings suggest that the intensity of insecure attachment plays a significant role in the clinical outcome of ARMS patients involved in psychosocial treatment. Reducing the levels of insecure attachment in the therapeutic setting probably favors a better course in the early phases of psychosis. Furthermore, the finding that negative models of the self and others were associated with symptom outcome is consistent with current psychosocial models of psychosis.

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1. Introduction

Attachment theory provides research and theoretical models with key elements for understanding difficulties in interpersonal relationships across the lifespan. The human attachment system organizes early interpersonal experiences within cognitive-affective representations, or “internal working models,” of the self (i.e., one’s own worthiness/lovability) and others (i.e., others’ responsiveness/availability) that influence appraisals of, and behavior in, subsequent relationships (Bowlby, 1973; Bartholomew and Horowitz, 1991; Mikulincer and Shaver, 2007). These models are considered to be a critical source of continuity in the functioning of the attachment system across life (Mikulincer and Shaver,

2003). Bartholomew and Horowitz (1991) proposed a framework of adult attachment in which the self and other models (also considered to tap attachment anxiety and avoidance, respectively) intersect in a two-dimensional space to yield four attachment prototypes: *fearful-avoidant*, characterized by negative views of self and other; *dismissing-avoidant*, typified by a positive view of self and negative view of other; *preoccupied*, typified by a negative view of self and positive view of others; *secure*, characterized by positive views of self and other.¹

Despite the essential continuity of the attachment system, internal working models can be modified as a result of interpersonally and emotionally relevant life circumstances (Bowlby, 1969;

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¹ Note that there is not a unique nomenclature of attachment given the range of attachment models and measures that exist. Within this article, we identified the dismissing and fearful prototypes as avoidant attachment and the preoccupied prototype as anxious attachment. Also, we refer to these three prototypes as insecure attachment.

Davila and Cobb, 2004). In this regard, psychotherapy offers a significant emotional experience that is capable of changing problematic working models (Bowlby, 1988). For example, some studies investigating changes in attachment style over the course of therapy have reported that increases in attachment security or decreases in attachment insecurity are associated with a better outcome (see Mikulincer et al., 2013).

Current models of psychosis suggest that adverse environmental factors, especially interpersonal traumas, play an important role in the development and course of psychosis (e.g., van Winkel et al., 2013; Bentall et al., 2014). Indeed, research has shown a high prevalence of trauma in high-risk for psychosis samples and that sexual trauma in particular is predictive of transition to psychosis (Thompson et al., 2014). Cognitive biases such as negative beliefs about the self and one's social environment have been postulated to play a fundamental role in the vulnerability for and maintenance of psychotic symptoms (Garety et al., 2001; Penn et al., 2004). In this regard, negative self- and other-schemas have been associated with attenuated psychotic symptoms in individuals at-risk for psychosis (Addington and Tran, 2009). Likewise, avoidant recovery strategies (i.e., sealing over) have been linked to both poor recovery following the onset of psychotic symptoms (Thompson et al., 2003) and to insecure attachment and negative self-evaluation in patients with psychosis (Tait et al., 2004). Other factors like the individual's interpersonal context and interpersonal functioning have also been associated with relapse and recovery after the onset of symptoms (Gumley, 2011).

Attachment theory has the potential of drawing together the different sets of findings mentioned above. It provides a lifespan approach that is useful for understanding key processes that contribute to the vulnerability for and response to the emergence of psychosis, including affective dysregulation, social cognition, and interpersonal behavior (Berry et al., 2007; Gumley et al., 2014; Korver-Nieberg et al., 2014). Insecure or disorganized attachment patterns are activated during periods of stress or threat perception, yielding the activation of nonadaptive affective, attentional, and behavioral modes linked to negative internal working models. These patterns could mediate the use of dysfunctional cognitive mechanisms and affective dysregulation, which, probably in interaction, might lead to reality distortion (Read et al., 2009). Also, the characteristics associated with the chronic deactivation of the attachment system, such as interpersonal disengagement and minimization of emotional expression (Mikulincer and Shaver, 2007), might contribute to the ontogeny of negative symptoms (Sheinbaum et al., 2013a).

Research has shown a high prevalence of insecure, and particularly avoidant or dismissing, attachment in psychosis samples (Dozier et al., 1991; Dozier and Lee, 1995; Mickelson et al., 1997). As regards to the course of illness, insecure attachment has been linked to the onset of schizophrenia at an earlier age (Ponizovsky et al., 2007). Insecure attachment has also been associated with elevated depression and social anxiety in individuals at-risk for psychosis (Gajwani et al., 2013). At the symptom level, different forms of attachment insecurity have been associated with psychotic phenomena. In particular, avoidant attachment has been associated with positive and negative symptoms in persons with schizophrenia (Ponizovsky et al., 2007), as well as paranoia in both psychotic patients and individuals with early psychosis (Berry et al., 2008a; Korver-Nieberg et al., 2013). In addition, the preoccupied and fearful attachment styles have been associated with higher levels of positive symptoms in patients with schizophrenia (Ponizovsky et al., 2013) and with positive schizotypy in nonclinical samples (Sheinbaum et al., 2013a).

However, the role of attachment in at-risk for psychosis populations is not yet well understood. The early detection and treatment of prodromal or "at-risk mental states" (ARMS) patients

for psychosis has been considered essential for the improvement of the disorder (Yung et al., 2004), since delay in treatment correlates with unfavorable outcome (Norman and Malla, 2001). In this stage, psychosocial interventions appear as the first-line treatment strategy, as assumed by different early intervention programs (Stafford et al., 2013; Addington and van der Gaag, 2015). The continuity and development of this type of intervention needs the engagement of patients and a good working alliance with care providers (Lecomte et al., 2008), two aspects easier to develop in the at-risk phase (Bechdolf et al., 2006), and both associated with attachment style (Dozier et al., 2001; Tait et al., 2004). Therefore, it is essential to understand the role of ARMS patient's attachment style at this early stage and its impact on treatment outcomes.

In a previous study with ARMS patients (Quijada et al., 2012), we found that attachment style predicted symptom improvement after six months of psychosocial treatment. Specifically, a high level of secure attachment predicted improvement in psychoticism, disorganization and functioning, and higher levels of preoccupied and dismissing styles also predicted improvement in psychoticism. Both the preoccupied and dismissing styles share a positive working model, so it was hypothesized that the psychosocial intervention may have an impact on internal working models via strengthening the positive working models and disconfirming the negative ones. However, this proposal could not be tested in that study as attachment re-test was not available at six months. To our knowledge, only one study has explored change in attachment style and change in psychotic symptoms. This study showed that increases in attachment anxiety were associated with changes in total symptoms and hallucinations at follow-up in patients with psychosis (Berry et al., 2008a), suggesting that attachment style change may be associated with symptom course.

The present study expands upon earlier findings by examining (1) whether pre-treatment attachment is differentially associated with change in symptoms and functioning of ARMS patients across one year of psychosocial treatment, and (2) whether clinical change is associated with change in attachment ratings beyond the effect of baseline symptom severity. Taking into account the scarcity of studies in this area (Gumley et al., 2014), hypotheses related to a specific insecure attachment prototypes were not offered. However, it was expected that patients with lower ratings of insecure and higher levels of secure attachment at the start of treatment would show greater decreases in symptoms and better improvement in functioning across the 12 months of treatment (over-and-above the baseline level of symptoms and impairment). Furthermore, it was expected that increases in levels of secure attachment and decreases in levels of insecure attachment across the 12 months of treatment would be associated with better outcome over-and-above the effect of baseline symptom/functioning severity.

2. Method

2.1. Participants

This was a naturalistic study in which participants were recruited using a convenience (consecutive type) sampling method from a public early psychosis service in Barcelona (Spain) that specialized in the early detection and treatment of psychosis (Quijada et al., 2010). The criteria used to establish ARMS groups followed the European Prediction of Psychosis Study proposal. The Scale of Prodromal Symptoms (SOPS; Miller et al., 1999; Lemos et al., 2006) and the Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987; Peralta and Cuesta, 1994) were used for determining ARMS caseness (Klosterkötter et al., 2005; see Table 1 for details). Age range for inclusion was 12–45 years. Exclusion criteria were: (a) diagnosis of a previous psychotic episode for more than one week; (b) psychotic symptoms due to substance abuse or to an organic mental disorder; (c) mental retardation. Participants completed comprehensive medical and

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